

# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

## Journal

VOL. XLIV.—No. 7

APRIL 1ST, 1937

PRICE NINEPENCE

### CALENDAR

Tues., Mar. 30.—Dr. Graham and Mr. Roberts on duty.

Fri., April 2.—Dr. Evans and Mr. Vick on duty.

Tues., „ 6.—Prof. Witts and Prof. Ross on duty.

Fri., „ 9.—Dr. Hinds-Howell and Mr. Wilson on duty.

Tues., „ 13.—Dr. Gow and Mr. Girling Ball on duty.

Fri., „ 16.—Dr. Graham and Mr. Roberts on duty.

Mon., „ 19.—**Last day for receiving matter for the May issue of the Journal.**

Tues., April 20.—Dr. Evans and Mr. Vick on duty.

Fri., „ 23.—Prof. Witts and Prof. Ross on duty.

Tues., „ 27.—Dr. Gow and Mr. Wilson on duty.

Fri., „ 30.—Dr. Graham and Mr. Girling Ball on duty.

Tues., May 4.—Dr. Evans and Mr. Roberts on duty.

Fri., „ 7.—Dr. Chandler and Mr. Vick on duty.

Tues., „ 11.—Prof. Witts and Prof. Ross on duty.

### EDITORIAL

#### THE STUDENTS' UNION

SINCE about the year 1642 there have been students of one kind or another attending the Hospital of St. Bartholomew; being at one and the same time part of the Hospital and yet forming an entity in themselves—an entity which for the greater part of its existence was without conscious organization or cohesion, but like all other such entities, providing in itself a microcosm of the outer world, and reflecting the variety of interests, the cliques, the stratas, and even the political groupings of contemporary society.

At first it was natural enough that these young men should group themselves into societies and

clubs which gave them opportunities to pursue their various sports, or which reproduced the order of the universities whence they came. There was no desire or need for conscious unity beyond the knowledge that all formed part of the same Hospital and were trained in its tradition. Nor was there any wish at first, in boys who came callow from their public schools, or detachedly from their universities, for independent government or a communal voice. If anything it was quite the reverse.

In any case, up till the year 1892 there was no sign of a union. Perhaps the spirit of the age was not one to foster even the mildest of rebellions

against the unquestioned hierarchy of "the Authorities". The school spirit was much too well ingrained for that.

However, in that year a change did take place which was not only the first vestige of student unity, but which paved the way for the Union as we know it to-day.

It was found that the financial interests of the various sports clubs were suffering by reason of wastage, overlap, and the absence of any central control, so after much cautious deliberation an amalgamation took place, and a central Financial Committee was set up to administer what now became the communal funds. Its constitution was significant. It was made up (as might be expected) of the secretaries of all the individual clubs (since all subscribed to the central fund), working under the guidance of two general secretaries and two members of the staff who acted as President and Treasurer. For its purpose this committee was adequate and reasonably efficient. It made no pretence of representing student opinion or of being anything more than a financial convenience. It did not embrace all the students, even indirectly, and there were many interests that did not come under its notice. It was concerned with finance, and finance alone. So far as the students were concerned St. Bartholomew's was still a comfortable extension of the public school, with housemen for prefects and honoraries for masters.

Whether it was the turn of the century, or the death of the old Queen, or the genial restlessness of her successor, or the first murmurings of the suffragettes, we can no longer be sure, but in 1904 the feudal system suddenly crumbled, and the Students' Union as we know it to-day came into being.

"It was the outcome," says the *Hospital Year Book* of 1905, "of a general feeling among the students of the Hospital that their interests and welfare suffered from a lack of a students' representative committee". And again, "It was established with the object of restoring a waning *esprit de corps*".

It had for its objects:

"(a) The promotion of social intercourse and unity of interest among its members," and—

"(b) The incorporation of those clubs and societies which constituted the Amalgamated Clubs."

The electorate provided five representatives of the Clinical years and two of the Pre-Clinical, all carefully segregated into Conjoint, London University and Oxford or Cambridge—an unpleasing and quite useless relic of an altogether earlier age. These representatives were simply grafted on to the Financial Committee of the old Amalgamated Clubs. They, the only directly elected representatives of student opinion, beyond the somewhat narrow bounds of club interests and finance, were outnumbered by club secretaries in the ratio of 18 to 7.

We see, therefore, that the formation of a genuinely representative council was hampered, first of all by a senseless and arbitrary division of the electorate, and secondly by a legacy from 1892, which left a number of club secretaries, some of whom represented groups of six or seven people only, and who had been elected, not as deliberative representatives, but purely to look after the funds and fixtures of their various clubs, heavily outvoting (if they chose) the real student representatives.

The system, inherently unsatisfactory, has dragged on now for over thirty years with only an occasional protest. In point of fact, so far as general administration and finance goes, it works very well. But if, as that ancient *Year Book* says, it was intended to be truly representative and to "restore a waning *esprit de corps*", it is high time it underwent a little mild reform.

At the Annual General Meeting of this year the first reformer entered the lists. Mr. BURNHAM-SLIPPER, who has long been the Council's keenest constitutionalist, brought in a motion for the abolition of the Conjoint and University categories in the electorate, and the substitution of six straight-out representatives in the first constituency and three in the second.

It is a great step forward, and a long needed measure, and perhaps at some future date we may see the inequality which still allows the secretary of a club whose effective membership is half-a-dozen to have as much (or more) influence on the Council as a man who may represent (as do the secretaries of the Rugby, Soccer and Cricket Clubs) groups of hundreds, finally abolished.

## CURRENT EVENTS

## CORONATION WEEK

Bart.'s share in the Coronation festivities will begin with the great Hospitals' Week flag day on May 4th, when it is hoped all available Bart.'s men will volunteer for service during some part of the day. During the last fortnight of April men will be placed about the Hospital to take the names of all those willing to act as collectors in the City. All lectures for the day have been cancelled.

Wednesday, May 5th, is View Day, and from then until Friday, May 14th (excluding Sunday, 9th, and Wednesday, 12th), a special Exhibition of historical objects associated with the Hospital will be held in the Great Hall (daily 11 a.m. to 5.30 p.m.). Talks will also be given twice daily (at 11 a.m. and 2.30 p.m.) on the Hogarth paintings by Mr. MacAdam Eccles.

On May 5th the ceremonies will begin with a service in the Priory Church of St. Bartholomew-the-Great at 2.15 p.m., followed by the opening of the Exhibition at 3.15, and the talk on the Hogarths at 4.30.

\* \* \*  
THE RUGBY DANCE

This favourite amongst Hospital parties is due on April 10th, and will be held at 16, Bruton Street. It will give the final touch to what should be an exceedingly entertaining day, for in the afternoon at 2.30 the Inter-Firm seven-a-side matches will be played, and also the match Chief Assistants *v.* Residents. These games will be historic in a way, for they are the last that will ever be played at Winchmore Hill. Tickets (8/- each) may be obtained from Mr. A. H. Evans.

\* \* \*  
THE CHARTERHOUSE DANCE

The Entertainments Committee is to be congratulated on the notable success of this dance—a success which was all the more brilliant for the very great improvement it showed upon the last Charterhouse function. Well organized and well attended, it showed a corresponding rise in profit, and the proceeds of the bar (the remoteness of which was criticized in the JOURNAL at the time, and which was moved up next to the hall itself on this occasion), yielded a little under £50, instead of the previous £12. The special thanks of the Union are due to Mr. C. N. Burnham-Slipper and to Mr. C. Webb for their untiring work in connection with these dances; work which, though it may sometimes be criticized, is certainly not unappreciated.

## HOUSE APPOINTMENTS

The following gentlemen have been nominated to House Appointments from May 1st, 1937:

## Junior House Physicians—

Dr. Hinds Howell . . . . .	P. W. Morse.
Dr. Gow . . . . .	W. E. Gibb.
Dr. Graham . . . . .	J. C. Cochrane.
Dr. Geoffrey Evans . . . . .	A. W. Dawson Grove.
Prof. Witts . . . . .	A. H. Masina.

## Casualty House Physicians—

Dr. Hinds Howell . . . . .	{ P. F. Barwood.*†
	{ E. R. Mountjoy.‡
Dr. Gow . . . . .	{ J. W. Thompson.†
	{ G. R. Royston.‡
Dr. Graham . . . . .	{ A. Jordan.†
	{ R. Y. Stevenson.‡
Dr. Geoffrey Evans . . . . .	{ I. H. Baum.†
	{ G. E. Loxton.‡
Prof. Witts . . . . .	{ F. H. Yates.†
	{ G. Herbert.‡

## Junior House Surgeons—

Mr. Harold Wilson . . . . .	D. B. Fraser.
Mr. Girling Ball . . . . .	J. C. Newbold.
Mr. J. E. H. Roberts . . . . .	D. A. Prothero.
Mr. Reginald Vick . . . . .	E. H. J. Smyth.
Prof. J. Paterson Ross . . . . .	E. P. Clarke.

## Casualty House Surgeons—

Mr. Harold Wilson . . . . .	{ H. L. M. Roualle.†
	{ D. M. Samuel.‡
Mr. Girling Ball . . . . .	{ C. J. Longland.†
	{ G. A. Fairlie-Clarke.*†
Mr. J. E. H. Roberts . . . . .	{ B. H. Goodrich.*†
	{ G. G. Waldin.‡
Mr. Reginald Vick . . . . .	{ G. H. Darke.†
	{ H. C. MacLaren.‡
Prof. J. Paterson Ross . . . . .	{ J. D. O. Fearnley.†
	{ J. E. Ennis.‡

Intern Midwifery Assistant (Resident) . . . . .	G. Dalley.
Intern Midwifery Assistant (Non-Resident) . . . . .	T. L. S. Baynes.
Extern Midwifery Assistant . . . . .	B. H. Ellis.†‡
H.S. to Throat and Ear Department . . . . .	F. Braithwaite.
Junior H.S. to Throat and Ear Department {	J. T. H. Butt.†
	B. J. Bickford.‡

H.S. to Ophthalmic Department . . . . .	J. W. Parks.
H.S. to Skin and Venereal Departments {	E. C. O. Jewesbury.†
(Non-Resident) {	A. D. Ledward.‡
H.S. to Orthopaedic Department . . . . .	M. P. Morel.
H.P. to Children's Department . . . . .	C. McNeil.
Senior Resident Anaesthetist . . . . .	G. Blackburn.§
Junior Resident Anaesthetists . . . . .	{ G. Gray.
	{ T. H. Hughes.
Non-Resident Anaesthetist . . . . .	C. M. Dransfield.

\* If qualified. † 3 months, May. ‡ 3 months, August. § 1 year.  
Others for 6 months.

## MICROBIOLOGY AND MEDICINE

FOR a whole week during last summer the maze of lecture theatres at University College was occupied almost continuously by an assortment of scientists from almost every corner of the globe. They had come not merely from familiar research centres in distant countries, such as America, Japan and Russia, but from unexpected places like Istanbul, Algiers and Tashkent, from places with unpronounceable names, and from some which one had frankly never heard of; for instance, where are Ankara, Lwow, Taihoku, Poznan, Helsinki, Szeged, Garches, Dairen and Lund? These are the home towns of some of the 450 speakers at the 53 meetings, which, together with many demonstrations and a prodigious programme of excursions and receptions, made up this, the Second International Congress for Microbiology.

No one goes to such meetings in the hope of hearing much that is new; the object is to hear and see the man himself instead of merely reading his work, and perhaps even to buttonhole him afterwards and catechize him. It is intensely interesting to be able to attach a face and a voice to what was merely a name, if that name is internationally famous, and the list of speakers seemed to include almost every name that mattered, and a score or more which are almost venerated. To choose only a few which figure in every text-book, there were Blake and Cecil, Dochez, Felton, Homer Swift, Landsteiner, Madsen, Neufeld, Opie, Park, Ramon, Rous and Zinsser. A galaxy of stars is no more a guarantee of a good meeting than of a good play, and in the choice of subjects the net was often thrown so wide that people might be talking about half a dozen different problems only theoretically related; the meetings as a whole were therefore apt to be discursive, unco-ordinated, at times even boring, and again sometimes humorous. But there were some high lights, when there was real debate over ideas which have clashed before only on paper, and one of these was a huge meeting which sat for over three hours under the presidency of Peyton Rous himself to discuss the agency of viruses in producing new-growths. Here was a first-rate mystery, and some of the acutest minds in Europe and America whose recent studies, illuminating as they are, have by no means simplified it. Between those who believe that tumours in mammals as well as in birds are due in part at least to the action of a virus, and those who look in other directions for their cause, there is a far greater difference than appears on the surface. In cancer research there are some who look for a solution in orthodox terms, to be reached eventually by patient and painstaking work on existing lines, and others who

class this problem apart, as something distinct in its very nature, and going somehow deeper than any other. There are degrees of this attitude, varying from the mere recognition of practical difficulties to a sort of reverence accompanied by a suspicion that the human mind is incapable of bringing this task to an end, but the underlying idea was well expressed by Rous when he said that "it will be a pity if this problem is solved without revealing some new biological principle".

The word "microbe", which denotes the subject of this Congress, is current at only one London medical school; the rest of us, perhaps unfortunately, talk of "micro-organisms", which is a clumsy word, or just "organisms", which is really meaningless. Anyhow, these terms refer not merely to bacteria, but to protozoa and "protista", and not merely to pathogenic species, but to many others, of which some are useful instead of being harmful and the rest merely indifferent. Hence, while some sections of the Congress were discussing the manifold activities of streptococci, the meaning of the term "allergy", immunization against specific fevers, or the control of pneumonia, others were immersed in such matters as water purification, sewage disposal, brewing, food preservation, the properties of manure, and the bacterial decomposition of wood. A member from Warsaw described the flora of Polish milk, and one from Cork discussed methods of estimating bacteria in ice cream; Switzerland had a word to say on the bacteriology of cheese, Upsala on the decomposition of forest litter, and Amsterdam on the "bulking of activated sludge". A visitor from Cambridge, U.S.A., had flown to prodigious heights in order to study the flora of the upper air, which reminds one that a present-day professor of pathology at one of the London medical schools once discussed, before the Royal Society, the interplanetary transit of bacteria as a possible explanation of how life originated on the earth. Microbiology is indeed not all medical, and it is well that we should know something of these other microbic activities, or rather that we should view and study microbic behaviour as a whole, in the hope that sound general principles will find their practical outlets for themselves, as in fact they often do.

This occasion furnishes an excuse for asking the question: What does microbiology mean to Medicine at the present day? The golden era of bacteriological discovery in the eighties and nineties is long past, when one had only to stain a film or make the right sort of culture to discover the cause of another disease, and of the many consequences which have followed these discoveries the practical fruits may seem nearly all to have been gathered. To the student in the wards bacteriology stands for a means of verifying a few

diagnoses, such as diphtheria, typhoid and tuberculosis, and perhaps for the source of so-called "specific" treatments, not all of which seem very successful (he has perhaps yet to see what they can do in some of the infectious fevers, and to learn that the supreme benefits of specific immunization are not curative but preventive). Well, even mere diagnostic bacteriology has by no means come to a standstill. The recognition by laboratory methods of undulant fever, glandular fever and Weil's disease are all of comparatively recent introduction, and as far as this hospital is concerned have been achieved only within the past few years; the leptospira of Weil's disease was seen within these walls for the first time in 1935. Within the same period fall Gordon's biological test for lymphadenoma and the complement-fixation and other tests for psittacosis. Until not long ago a hæmolytic streptococcus was just a hæmolytic streptococcus, the same to all appearances whether its capacity for evil was almost unlimited or practically *nil*. Now that serological methods are available for classifying them, we can say with certainty whether any patient's streptococcus is or is not the one responsible for an outbreak of sepsis or scarlet fever, and thus identify all sources of danger and banish them.

These are great conveniences, but something more is to be expected of the science than that. We have already granted that it is capable of a good deal in the sphere of therapeutics, but what prospects are there of further discoveries about the nature and causes of disease? Here many people would draw a sharp distinction between two classes of micro-organisms, the visible and the ultramicroscopic. The sphere of virus diseases is still a gold mine in which all the claims have not yet even been pegged out, but the methods of working are difficult and the yield uncertain. On the other hand are the visible bacteria, and some seem to consider that the research potentialities of these are played out. Whether this be true or not, one thing is fairly certain: the era of mere searching after new bacteria, or old ones in new places, is nearly over. There are still a few people who appear to think that one has only to find bacteria in some lesion to establish its cause, but it is becoming more and more generally recognized that the causes leading up to many states of infection are more subtle than that. Among these perhaps the commonest is mechanical obstruction in such places as the respiratory and urinary tracts, and two which have been defined more recently are vitamin A deficiency and agranulocytosis. But it is no exaggeration to say that we simply do not know the ultimate cause of a large majority of chronic infections, at least of body surfaces, such as the skin, the lining of the urinary tract and the nasal and bronchial mucosa. The bacteria

doing the damage are easily demonstrated, but why the body allows them to do it is another matter. We do not even really know why some people get lobar pneumonia; the accident of picking up a virulent pneumococcus is not the whole story, and the victims are not all addicted to alcohol, nor have many of them plunged into an icy river in mid-winter to rescue a drowning man.

Of course it is still possible that some distinct micro-organisms, other than viruses, are still unrecognized, either because they closely resemble familiar types and have not been differentiated from them, or because dyes will not stain them, and existing culture media will not permit their growth. There may even be a whole race of undiscovered micro-organisms having characters and behaviour hitherto unimagined; this there certainly was before the discovery of bacteriophage in 1917. But a personal belief, for what it is worth, is that the study of known infections by new methods has a greater future than the search for new agents of infection by old ones.

There is one direction in which bacteriological methods have made two substantial contributions to clinical medicine within the past few years; some would say, indeed, that they represent the greatest therapeutic advances of recent times. It has long been the fashion to deride antiseptics, denying them even the virtue of surface action, despite the fact that there have long been several which, used intelligently and in their proper sphere, are at least valuable preventives of infection. Their use has been a matter of convention rather than conviction, of pious hope rather than of confidence in securing any specified effect. This has been as true of urinary antiseptics as of any others, yet we can now sterilize most urinary tracts within a few days by means of mandelic acid. The idea of being able to kill bacteria in the blood-stream by chemical means has been looked upon as a fundamental impossibility, as a chimera which has been chased for forty years and is still as far away as ever—although it is true that some people have pumped useless things like mercurochrome into veins rather for want of anything better to do. Yet nothing in therapeutics is more certain now than that para-aminobenzenesulphonamide, taken simply by the mouth, of all improbable routes, not only does kill streptococci in the circulating blood and tissues, but will regularly abort erysipelas and reduce the mortality of puerperal fever almost to *nil*. What more it will do we do not yet altogether know.

These reflections are intended to suggest that microbiology is at least maintaining its place in medicine. They are perhaps rather more—a confession of faith in what it may yet achieve. At least let no one who may

at any time be tempted to take up this subject fear the dullness of mere routine. That is only one side of the picture; to anyone who follows progress in the laboratories of the world and tries in whatever way to contribute to it, life can be very exciting indeed.

L. P. GARROD.

## THE CHAIR OF PHYSIOLOGY AT CAMBRIDGE

MICHAEL Foster, Langley, Barcroft—and now Adrian: a succession as notable as that of the Cavendish Professorship. Had Sherrington—with whom he shared the Nobel Prize a few years ago—been twenty-five years younger, as he was when he went to Oxford, Adrian might have evaded the natural consequence of his reputation, and remained a Research Professor of the Royal Society. Fortunately for Cambridge he has in fact been willing to accept the harder, and so the more honourable, task.

A mountaineer and fencer, an experimenter with the same skill and subtlety as those two arts require, an admirable Chairman of Committee—not least because of his anxiety to get the business over—Editor since Langley died of the *Journal of Physiology*, Member of the Medical Research Council and Chairman of one of its Committees on Mental Disease, an Honorary Doctor of Harvard and Oxford, an investigator whose discoveries have permanently enriched our knowledge of the nervous system, Adrian's chief pride is to think of himself as a disciple of the young Cambridge physiologist and engineer, Keith Lucas (who died flying in 1917). Colleagues in several continents are proud to count themselves disciples of Adrian. So the flame is handed on.

From Westminster, Adrian became a scholar of Trinity, and taking the Natural Sciences Tripos, was not content to get a first class in one subject and a certain aggregate on the whole; he proceeded to get—it is alleged—a first class in five separate subjects: Goodness knows what they can have been! The least marks he made were the highest in the subject.

Joining Lucas in his studies of nerve, Adrian soon became a Fellow of Trinity and then, a year or two after, the War came. By some kind of magic, comparable only with that of his Tripos, he rapidly emerged from Bart.'s with medical qualifications, and proceeded to work on military patients with nervous injuries or disorders. Electrical stimuli, however, were not quite forgotten, for their judicious (and painful) application seems, from his own dry account of the matter, to have

produced memorable recoveries from certain determined inhibitions. Returning to Cambridge after the War he inherited Keith Lucas' laboratory and apparatus and started where he—and Lucas—had left off.

Sherrington's work had made it certain that ordered muscular movement is based upon a continual balance between motor impulses on the one hand, proprioceptive impulses on the other: a quantitative balance, not merely an interplay. But how could the motor, or the sensory, effect be measured? Merely by the number of nerve fibres involved? To have given a new quantitative basis to nervous behaviour, to have shown that afferent or efferent effect in any given neurone depends on the pattern in time of the impulses which travel in it, is the great achievement of Adrian's recent work. In it he and his pupils have explored the activity of the single neurone, the single sensory end-organ, the single muscle group, their excitation, their adaptation, their fatigue. In the last few years, however, as though that were not difficult enough, Adrian has been exploring the electrical phenomena occurring in the brain and—with a reasonable latent period which one hopes his new duties will not extend—some new wonder will doubtless emerge.

Adrian would be an admirable conjurer but for the fact that his genuine magic is as good as any fake. Cambridge classes may hope to have some of the treats he has given to the Physiological Society: the rhythmic waves of his own brain, shown on a screen or written in ink on a strip of paper, disturbed or abolished by mental arithmetic: the action potentials of a single fibre-group in a colleague's biceps, demonstrated with a needle and loud speaker to show how the strength of muscular contraction is graded: the ear of a (more or less) dead cat used as a microphone. Adrian's dry wit and his friendly elusiveness have endeared him to his colleagues and to the Physiological Society, and while his predecessor stands high in the affections of Cambridge students, Adrian's friends know that, with a different technique, he will soon reach a similar position.

A. V. H.

## ANIMAL CRACKERS.

I often think  
If tigers were pink,  
And lions a nice shade of blue,  
We'd be well on the way  
To achieving some day  
A really enjoyable zoo.

Wot.

## THE SIGNIFICANCE OF OCULAR NYSTAGMUS IN ACUTE OTITIS MEDIA

**N**YSTAGMUS, literally "nodding", is a to-and-fro jerking movement of the eyeballs. To test for nystagmus the patient should fix the eyes on an object not less than 18 in. away and just within the binocular field of vision. The movement in each direction is usually distinguished as a phase. The slow phase represents the primary deviation; the rapid jerk is the secondary phase; the direction of the latter gives the name to the nystagmus.

Nystagmus may be "to the right" or "to the left". When due to ear disease it is never symmetrical. Nystagmus may be in a horizontal or vertical plane; or else rotational—clockwise or counter-clockwise. Congenital nystagmus may be met with in young children in good health apart from aural disease. It is constant, rapid and symmetrical in all directions. The child is not ill, and the knowledge of its presence before otitis media commenced should serve to distinguish it from the forms of nystagmus which may arise from ear disease. Telegraph-pole nystagmus is familiar to all who travel by train; it is unaccompanied by vertigo, and is due to visual, not vestibular, stimulation. Nystagmus is occasionally present in the early stages of severe otitis media, and is then associated with vomiting. In these cases the direction of the nystagmus is towards the affected ear; it usually disappears rapidly after the drum has been incised or ruptured spontaneously. Tension within the tympanum, and not infection of the labyrinth, is responsible for this symptom. This type of case may well be contrasted with that in which acute otitis media is followed within a few hours of the commencement of the discharge by suppurative labyrinthitis. As seen from the reports of the following two cases, violent vertigo, vomiting and severe pain appeared early and were succeeded by increasing deafness. The danger in cases of this type is rapidly spreading, fatal meningitis.

Nystagmus associated with cerebellar abscess is outside the scope of this paper and has therefore been omitted.

**CASE 1.**—Mrs. H. H.—: *Acute suppurative labyrinthitis; drainage; recovery.*

23.i.34: History:—Five days ago, cold in head. Two days ago pain in left ear commenced. One day ago pain in right ear commenced. Bilateral myringotomy performed.

24.i.34, 3.30 a.m.: Sudden onset of giddiness; vomited several times.

9 a.m.: Violent rotatory nystagmus to her right. Very deaf in her left ear, loud voice being inaudible in this ear, with a noise-box in right ear.

Caloric test: No reaction in left ear. (Warm water and cold air.)

Weber: Referred to the right.

Bone-conduction: Left, 256 dv. not heard.

12 p.m.: Neurologist confirmed no meningitis.

4.45 p.m.: Mastoid opened; black hæmorrhages in the cells and pus in the antrum. Radical operation performed and the stapes was found pushed out of the vestibule into the tympanum. The outer labyrinthine wall was trephined and a counter-opening made in external semicircular canal. Absolute alcohol injected.

26.i.34: Right mastoid drained; Schwartze operation. No labyrinthitis on this side.

Vertigo and nystagmus gradually disappeared during the next six weeks.

Recovery with absolute deafness in the left ear. No facial paresis.

**CASE 2.**—L. B.—.

9.iii.34: Earache all night.

10.iii.34: Pain continued.

11.iii.34: Discharge from the right ear commenced.

12.iii.34, 2 a.m.: Suddenly giddy. Vomited several times during the night.

11.45 a.m.: Wildly giddy; thought to be hysterical.

12.45 p.m.: Seen for the first time. Nystagmus to her left. Absolutely deaf in the right ear to air- and bone-conduction. No change in spontaneous nystagmus when applying the caloric test with Dundas-Grant air cooler on the right ear, but nystagmus to her left diminished and nystagmus to her right appeared when air cooled in left ear.

6 p.m.: Radical mastoid operation (right). Extensive cells all infected, with many submucous hæmorrhages. Stapes not identified. Vestibule trephined and absolute alcohol injected. External semicircular canal opened.

Recovery in three months with permanent deafness in the right ear.

The writer (1) of a recent publication on otology for general practitioners tells us that in the treatment of acute labyrinthitis there are two schools—operative and non-operative. That there should be such divergence of opinion is surely due to the possibly incorrect diagnosis of suppurative labyrinthitis. In reality the occurrence of vertigo, nystagmus and vomiting in the course of acute otitis media does not justify a diagnosis of suppurative labyrinthitis. The following is an example to show the methods adopted to make a

differential diagnosis. The patient was admitted to St. Bartholomew's Hospital.

CASE 3.—Charles M—, æt. 14, was first seen May 21st, 1936, in the Out-Patient Aural Department, complaining of pain in the right ear since the previous night. The tympanic membrane was red and bulging; temperature 98.8° F., and the tongue furred. He had no vertigo at this time. He was anaesthetized and the drum incised, with such immediate relief of pain that he was allowed to return home and slept well that night. He awoke on the following day feeling giddy and vomited. He was seen again at the hospital about midday, by which time he had become very giddy and walked unsteadily. He vomited once in the Out-Patient Department. There was a blood-stained discharge in the meatus and the pain in this ear had returned, although there was no mastoid tenderness. The temperature was 101.6° F. The left ear was normal. When standing with the eyes closed he swayed to his right, but did not fall; there was fine horizontal nystagmus on looking to his left, and coarse nystagmus on looking to his right, *i. e.* to the same side as the affected ear. After lying down for a time the nystagmus and giddiness temporarily ceased.

At 6.30 p.m. on the same day the temperature was 103.4, the pulse was 120. The giddiness returned and became worse and the nystagmus became very marked without changing its character. There was now slight tenderness over the right mastoid.

*Hearing tests.*—Bezold-Edelmann tuning-forks were used for these tests. Hearing in the left ear was normal. In the right ear there was loss of the low tones by air-conduction consistent with otitis media, but bone-conduction was normal and he could just hear a whisper in the right ear, while a noise apparatus was applied to exclude the left ear.

*Vestibular tests.*—*Caloric test:* The cold-air apparatus of Dundas-Grant was applied to the right ear; the response was delayed and feeble, and it was doubtful whether this caloric stimulus reached the labyrinth, for the spontaneous nystagmus was unchanged. When the caloric test was applied to the left ear it provoked a normal and rapid response, *i. e.* the existing spontaneous nystagmus to the right was more marked and giddiness increased. It was impossible to be certain whether the absence of caloric response in the right ear was due to failure of cold air to reach the labyrinth, or failure of the labyrinth on account of destruction of the nerve end organ. There was no nuchal rigidity or facial paresis, and the examination of the central nervous system revealed nothing abnormal in the superficial or deep reflexes. No hypotonia could be detected.

The temperature continued to rise to 104° and it

was decided to drain the right mastoid antrum and cells. The mastoid was opened in the usual way, and it was noticed that a few superficial cells still contained air, but all the deeper cells and the antrum were filled with pus. All cells were opened and the cavity drained through the post-aural incision. Pneumococci, not typed, grew profusely from pus taken from the mastoid. Lumbar puncture yielded clear cerebro-spinal fluid at a pressure of 260 mm., the contents of which proved to be normal. Vertigo and vomiting rapidly ceased and the nystagmus never altered in character, but slowly and completely disappeared in about one week. This was followed by normal convalescence and restoration of hearing.

The diagnosis in this case lay between infective labyrinthitis and an irritative lesion, often passing under the name of "serous labyrinthitis". The result showed that this was not a case of suppurative labyrinthitis, for, as seen from the two other cases described above, the latter destroys the labyrinth, while the former results in recovery without loss of labyrinthine function.

The comparison between these two types is interesting. Both occurred in acute otitis media, both had vomiting and vertigo, but in the suppurative labyrinthitis (Cases 1 and 2) deafness was early, progressive and complete. The coarse nystagmus was persistently to the opposite side, away from the lesion, and there was absolutely no response to caloric stimulation, whereas in the irritative lesion (Case 3) deafness was neither progressive nor complete and nystagmus was more marked towards the lesion, while caloric stimulation produced some feeble response.

The importance of the correct diagnosis is well emphasized by the reports on these patients. Had the patients in Cases 1 or 2 been treated without operation, the possibility of ensuing cerebellar abscess or meningitis would have become almost a certainty: the hearing, having already been destroyed by labyrinthitis, was not affected by the operation.

In Case 3 the diagnosis of suppurative labyrinthitis would have indicated a labyrinth operation involving permanent deafness and perhaps infection to the meninges.

In conclusion I wish to acknowledge my indebtedness to Mr. Sydney Scott for permission to publish the report on these patients seen while deputising for him.

#### REFERENCE.

- (1) WOODS, R. R.—*Painful and Dangerous Diseases of the Ear*, Pt. 4, chap. ii.

PHILIP G. SCOTT.

### "WHAT I ALWAYS SAY IS."

**W**HEN Mr. R. Cozens Bailey retired from the Active Staff just after the War the Hospital lost a great clinician, but the influence of his teaching survives in the practice of many St. Bartholomew's men who were his associates. His aphorisms, when prefaced with "What I always say is", and accompanied by his inimitable twinkle, were gems of wit and wisdom which enriched our clinical experience, and even in cold print we believe they will be valued by a later generation of students.

*Should they ever be read by their author we trust that he may recognize in them a fair reproduction of his own words, and a testimony to the affection and regard for him which deepen with the years.*

1. Carcinoma has no symptoms.
2. If they'd take down the texts in the board schools and put up instead "Painless Lumps are Dangerous Lumps" it would probably do much more good.
3. Some text-books make a fetish of retraction of the nipple as being diagnostic of carcinoma—well, 'tisn't.
4. There are three degrees of hardness—hard, very hard, and damned hard.
5. Encephaloid carcinoma—you may say this is a rotten name. Well, so 'tis. But when you've cut one across if you can find a better one then go to it.\*
6. I talk of scirrhus carcinoma and encephaloid carcinoma. You may not find this classification in the story books, but I've used it for many years and you can't teach an old dog new tricks.
7. Atrophic scirrhus carcinoma occurs in old women with atrophic breasts; because if a woman hasn't got the blood supply to nourish an ordinary decent breast, she hasn't the blood supply to nourish an ordinary decent carcinoma.
8. You'll read in your text-books about various groups of glands in the axilla. Well, if you want to feel for them, pass your hand up to the apex and draw it down the chest-wall. If there are glands to be felt you'll feel them there.
9. When you're examining a breast, first make your diagnosis, and *then* feel for glands in the axilla.
10. Glands in the axilla don't affect the diagnosis; they only affect the prognosis.
11. If you can't diagnose a malignant growth before there are secondary deposits you'd better try another job—be a physician!
12. The medical profession is usually fifty years behind the times, and the public are fifty years behind the profession.

\* The allusion was to Bairnsfather's "If yer knows of a better 'ole, then go to it!"

(To be continued.)

### A CASE OF PARTIAL NEPHRECTOMY

**T**HE much maligned proceeding known popularly as "vivisection" has proved that partial nephrectomy is a justifiable operation. As early as 1888 experiments on animals and histological research supplied "ample proof of the healing power of the kidney and the process by which healing is accomplished even after extirpation of considerable portions. Paoli of Perugia performed extraperitoneal operations for resection of the kidney upon twenty-five dogs, cats and rabbits with perfect recovery" (Morris). So much for the normal animal kidney. What of the diseased human kidney? The records of thirty-two cases of partial nephrectomy performed by different surgeons for such conditions as tuberculous foci, cysts, new-growths, fistula, laceration and, in one case, for double kidney, one half of which contained calculi, show that the operative mortality has been *nil*. Though the series is too short for accurate comparison, the mortality compares favourably with that of nephrectomy, which in good hands is about 2.5% (Thompson-Walker). Of these 32 cases 12 have required further operative treatment or have been unsatisfactory, and 9 of these failures were in cases of tuberculosis, for which condition the operation is unsatisfactory. One at least of the non-tuberculous cases developed a fistula after operation.

The description that follows is of a case in which partial nephrectomy was performed:

Mrs. F—, æt. 55, who comes from a Surrey farm, was admitted to this hospital under the care of Mr. G. L. Keynes in October, 1936, troubled by pain in the right loin. In the street Mrs. F— would pass as an ordinary person without attracting one's notice particularly. In the ward she soon became much liked; she was always cheerful, and this, combined with her bright and kindly nature, quickly induced affection for her.

In July, 1936, this individual's life was rudely disturbed by the onset of severe pain in the right side of her abdomen and back, followed by repeated vomiting and bouts of shivering. This attack descended almost unheralded; she was well up to this time and had never experienced anything like it before. Her past medical history boasted only an attack of jaundice at 21 years of age and an attack of scarlet fever. She had no children. To cut a month's story short, a diagnosis of pyonephrosis was made and the kidney drained at another hospital. She was discharged improved, and with the wound, which had been leaking urine, well healed. She returned to her farm-house, but despite the summer weather and the country surroundings suffered occasional pain in the right loin and back, and

was not restored to quite her old self. In October pain and stiffness in her back and loin became worse, so that stooping became a matter of some difficulty; the symptoms varied in intensity, and at times were in abeyance, but throughout she was easily tired and could not do her housework properly. She had developed some nocturnal frequency of micturition, which could be controlled by drinking nothing after tea. Micturition

presented a few carious teeth, and a tongue which was slightly furred and moist. Her chest raised no surgical misgivings. Blood-pressure 146/108. The lower pole of the right kidney could be felt during inspiration, but there was no tenderness, rigidity or alteration of contour in front or behind. The left kidney could not be felt, and the abdomen was otherwise normal. The urine, however, showed a *B. coli* infection. Temperature 98.8° F. in evenings; pulse 90.



FIG. 1.—RETROGRADE PYELOGRAM, SHOWING THE RELATION OF THE CATHETER TO THE HYDRONEPHROSIS.



FIG. 2.—INTRAVENOUS PYELOGRAM, FOR COMPARISON WITH RETROGRADE PYELOGRAM. THE LEFT RENAL PELVIS IS A LITTLE DILATED.

was normal and free from pain; the urine never contained obvious blood or gravel, nor was it thick. She noticed no marked variation in the amount passed. Her alimentary system was apparently behaving itself except for a little nausea in the mornings; her cardiovascular, respiratory and nervous systems left little to be desired. Her weight was, if anything, increasing, and she had no shivering or night-sweats.

It was in this state that Mrs. F— was admitted to this hospital for investigation. A general examination revealed little. She was not unduly anxious, but being an energetic soul at times she rather grudged the period of waiting during which her renal tract was examined.

She was a fairly well nourished woman; her mouth

The various special investigations were as follows:  
*Blood-urea*.—32 mgrm. per 100 c.c. blood.

*Plain X-ray of renal tract*.—No abnormality detected.

*Excretion pyelography*.—Left kidney showed a slightly dilated pelvis—concentration a little defective. Right kidney showed apparently a poorly-filled upper calyx, abnormally distended middle and lower calyces and a small pelvis.

*Cystoscopy*.—Bladder washed clear rapidly; bladder and ureteric orifices normal.

*Indigo carmine*.—Right: Efflux at 12 minutes; further flow at 15 minutes. Left: No efflux.

*Retrograde pyelography*.—This proved most interesting to watch. A catheter was passed up the right ureter,

and on screening could be seen pursuing a slightly S-shaped course. 20 c.c. of sodium iodide solution were injected with the screen in position; it could be seen filling the uppermost calyx, in which the catheter apparently lay, and then flowing back alongside the catheter and out of the field of view. A further 20 c.c. were injected, when it was seen that a large circular area was becoming opaque below the end of the catheter. A further 10 c.c. (50 c.c. in all) caused pain in the flank, and films were taken, one of which is here reproduced. It will be seen that the opacity has no visible connection with the catheter and is separate from it. From these appearances it was suggested that what appeared at first to be the upper calyx was in reality an undilated renal pelvis, while the large opacity represented a grossly dilated second pelvis separate from the first and drained by a branch from the ureter (in which the catheter lay).

In any case the presence of a large infected hydronephrosis was proved and operation became desirable. With regard to the renal function the blood-urea was normal, the specific gravity of the urine was 1018, with a fluid intake of 75 oz., and the excretion of uroselectan by the left kidney was very fair. That the right was still functioning to some extent was shown by the excretion of uroselectan and indigo carmine. Hence operation with the possibility of heminephrectomy was decided upon, and when assured that it would not be so bad as her previous illness and operation, Mrs. F— consented.

The operation was performed on November 27th. A "boomerang" incision was used, and the upper part of the kidney was freed without much difficulty. A much dilated pelvis could be seen springing from the lower part of the kidney, and considerable dissection was required to free it from the surrounding tissues, to which it was adherent as a result of the previous inflammation; during the dissection the hydronephrosis was opened and discharged turbid urine.

At length the entire kidney was freed and the true state of affairs stood revealed. The previous surmises, based on the pyelography findings, were confirmed. The operation note at this stage reads: "... the kidney was seen to have a normal upper third with a normal ureter running into this upper part. The remainder of the organ was hydronephrotic, the cortex being bulged out and thinned and associated with a very dilated pelvis. Running along and attached to the posterior aspect of the latter was the ureter draining the upper part of the kidney. An orifice leading from the dilated pelvis into the ureter was demonstrated by a ureteric bougie, and after freeing the ureter a short branch could be seen uniting it to the pelvis". The condition was, in fact, that of a kidney having a double pelvis supplied by a bifid ureter; and a point of additional interest was the

high level at which the ureter divided, the branch to the lower pelvis being only 1 in. long. No cause, such as an abnormal vessel or stenosis of the uretero-pelvic junction, was found to account for the hydronephrosis. Since the upper part of the kidney appeared normal, resection of the diseased portion seemed to be the ideal procedure. The ureteric branch was crushed, divided and tied. The renal pedicle was digitally compressed for about 10 minutes, while the lower portion of the kidney was cut away; the knife passed through healthy-looking cortex of somewhat reduced width, and left a flap of the wall of the dilated pelvis still attached to the kidney; this was utilized to cover the raw end, and on completing the suturing and releasing the pedicle no bleeding occurred. The kidney was returned to the abdomen; being much reduced in bulk, it tended to fall towards the bottom of the cavity it originally occupied, and in so doing twisted its pedicle. It was therefore suspended from the tissues about the twelfth rib by chromicized catgut. The patient was not greatly shocked; pulse 80, but of poor volume; this was rectified by 30 oz. of 5% glucose saline *per rectum*.

During the first week of convalescence the temperature was swinging between 102° and 98° F.; after the third day the pulse-rate fell consistently, the urinary output became satisfactory and the urine ceased to give a positive guaiac reaction. But with the improvement in output the dressings became soaked with urine. The tube was removed on the tenth day, when the general condition was good. Mrs. F— remained in hospital for another three weeks and the saturation or otherwise of the dressings became the topic uppermost in her mind, though not in her conversation. At length a little less seemed to be coming away, and she returned home well and hopeful, but with a urinary fistula requiring constant dressings. Time, the great healer (though perhaps not of physical ills), has failed, and now, two months later, nephrectomy is to be performed.

It is possible that in this case drainage of the sound pelvis, by a nephrostomy at the end of the operation, might have avoided the complication of fistula formation. But on a previous occasion Mr. Keynes performed a partial nephrectomy, removing the lower pole, which had become hydronephrotic as a result of the impaction of a stone in the lower calyx, and in this instance complete healing occurred, though no drainage of the pelvis had been provided.

A fistula might also result in a kidney with two pelves if insufficient cortex were removed, so that functioning cortex originally drained by the removed pelvis were left behind.

I wish to thank Mr. Keynes for permission to publish this case and for information about it.

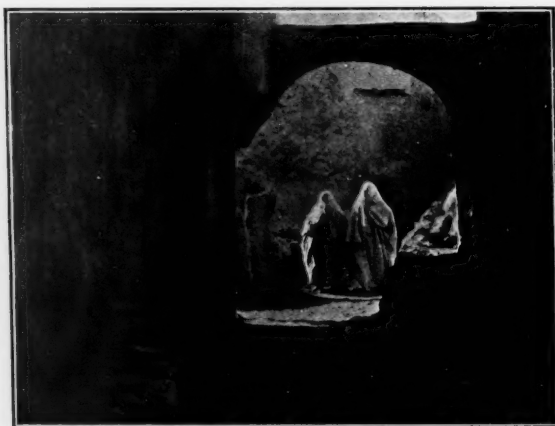
C. J. LONGLAND.

## BART'S ON HOLIDAY

### 1. MOROCCO

A TRAVELLER at the bows of a liner, looking at the abrupt northern edge of Africa, can hardly fail to be excited by his first glimpse of a continent made famous by the explorers of the last century. Furthermore, a map of Africa, with the word "Morocco" written neatly at its uppermost fringe, indicates that this country is a part of the sun-scorched land sometimes romantically called the "dark continent".

But if it is legitimate to include Morocco as a part of Africa because of its continuity with it, it belongs,



MOROCCAN WOMEN.

because of its landscape and vegetation, to the countries which border the Mediterranean. Like Spain, Italy, Yugo-Slavia, Palestine and the rest, it is, therefore, a place well suited for holiday travelling as distinct from exploration.

The Spanish zone in northern Morocco, where the present tragic civil war began, is hard to distinguish from southern Spain. The limestone Riff mountains overlooking the Straits of Gibraltar are skirted with bracken, heath, and cork trees, not unlike the hills of Andalusia.

To the south of the Riff lies the larger French Protectorate, whose modern political and economic structure was inspired by the work of the late Marshal Lyantey. Like many great men, Lyantey encountered little but blame while alive, receiving only after his death the honour due to so brilliant and persevering a soldier.

French Morocco consists of a northern region of dry but cultivated plains, scattered with farms, Berber villages, and a few great historical cities; and a southern

region covered by the Atlas Mountains, whence rivers flow northwards into the plains. This mountain range stretches from the Gulf of Carthage in the east to the Atlantic seaboard in the west, 1200 miles from end to end. The line of its watershed is the climatic boundary which separates the northern fertile regions of Morocco, Algeria and Tunisia from the arid Sahara.

For mountaineers the highest massif of the Atlas, to the south of the city of Marrakesh, provides an easily accessible group of summits, many over 13,000 feet, with opportunity for first-class mountain adventure. Though there are no glaciers, snow lies on the loftier peaks till June. The mountains are precipitous and barren, devoid of grass, though covered with drifts of prickly *Alyssum spinosum* up to 10,000 feet, and on the lower slopes with shrubs and trees of many kinds.

From the Toubkal, the highest summit of the Atlas, the climber gazes northwards at the dusty Moroccan plains, planted here and there with patches of grey olives; at the opposite point of the compass the mountains break away to the valleys of the Sus and Draa, beyond which, visible to the imagination alone, lies the scorching Sahara.

Many of the inhabitants of the Moroccan plains are semi-nomadic. They remain for a few months in some valley when the pasturage is sufficient for their beasts, and when this has been perhaps stripped by locusts, or when they tire of the locality, they gather their sons, wives and daughters, uproot the pegs of their tents, load their mules and asses, and wander to some new valley, where they again make for themselves a temporary home. With little food, little water, little luxury, little comfort, with extreme cold in winter, and severe heat in summer, these restless families suffer many privations. To anyone wandering in the plains they are a great help, in spite of the fleas imparted with their generous hospitality.

The Berbers, who were the inhabitants of the country before the Arab invasion, live, for the most part, in crude mud huts; they, too, are hospitable and inquisitive towards any wanderer who happens to enter their village at sundown; but their houses are, unfortunately, overrun with fleas, like the encampments of the nomads, so that it is usually advisable to sleep in the open country.

During the summer there are few tourists, owing to the heat. In winter, however, Morocco is flooded by numerous travellers from Europe, who visit the cities of the plains, and the skirts of the Atlas Mountains, at points where they are easily accessible.

Of the cities, the largest are Casablanca and Rabat on the coast, and Fez, Meknes and Marrakesh in the hinterland, all of which are separated into two sections, the old and the new. The new is built by the French a

mile or more outside the walls of the old, and is always clean and uninteresting. The old is a disorderly mass of white, flat-topped houses, crammed into the narrow circumference of encircling ramparts, with here and there a minaret rising above the swarm of roofs. The streets are narrow, dark and cool, the one so like the other that it is easy to lose the way. As far as hygiene is concerned, these old cities are quite medieval, and though undoubtedly beautiful from a distance, at close quarters their offensiveness almost surpasses their colourful charm.

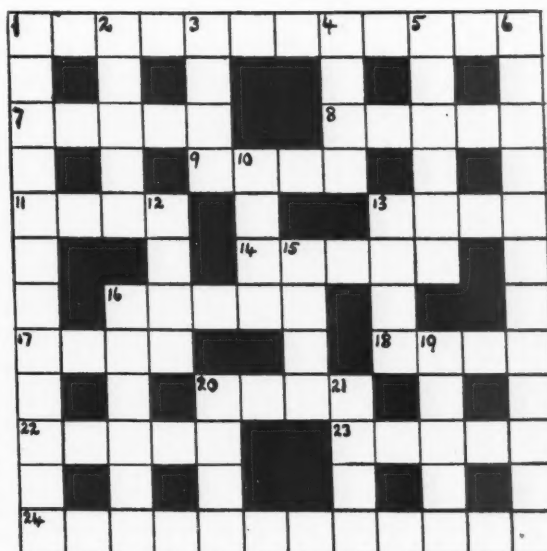
Fez, Meknes, Marrakesh and Rabat have, at various times, been the capital cities of Moroccan sultans. Of those rulers, most seem to have been romantic tyrants, uxorious, prolific fathers, each member of a dynasty becoming more degraded, till the line was overthrown by an upstart, who began a new dynasty.

Such was the history of Morocco till, by international agreement, France was granted a free hand there just before the Great War. As a result of their administration the country is now covered by a network of roads and railways. Four classes on the trains and high competition in ramshackle long-distance buses have resulted in surprisingly low tariffs, so that for those who are willing to jostle shoulders with peasants, travel can be very cheap.

There is also facility for more comfortable travel, and good hotel accommodation. For this reason increasing numbers of people are realizing, year by year, that it is possible to spend a safe, interesting and unconventional holiday in Morocco with very little greater expense than that of an average holiday on the Continent.

W.

## CROSS-WORD



### ACROSS.

1. Not visiting, but a welcome visitor.
7. 5th of August, perhaps.
8. What is it that comes back?
9. — far and no further.
11. Back part of 1 down.
13. Olympic cupholder.
14. Subject to some drug perhaps.
16. — Vierge.
17. Mussolini is such a Roman Bird.
18. Did he spring from the ankle?
20. Half quarto.
22. Battle.
23. King of Troy's anag.
24. Does one grow proud of one's garden?

### DOWN.

1. It would be preferred by Mussolini (3 words).
2. The prolix do (2 words).
3. Push out; not necessarily the boat.
4. Upsala.
5. It may be this before you finish.
6. A request for one order, not an order for many (2 words).
10. The old man in possession.
12. With naus she might have been seen at her washing.
13. Franz.
15. And be thankful on this Scottish hill.
16. With intention perhaps.
19. Part with this abroad.
20.  $\frac{2}{3}$ .
21. Apostrophize an iridescent friend.

(A prize of one copy of *Round the Fountain* will be given for the first correct solution to reach the Editor before April 20th).

## SQUASH COURTS APPEAL

We made over £20 from the Grand National Sweep. But there are over

**£200**

still to get.

Watch out for the big Squash Club

**RAFFLES**

Coming Soon!

And in the meantime send in your cheques to the  
Secretary, Students' Union, St. Bartholomew's  
Hospital, E.C. 1.

## STUDENTS' UNION

### ANNUAL REPORT

GENTLEMEN,—We have pleasure in presenting to you the 33rd Annual General Report of the Students' Union.

Four years ago the facilities for athletics in the Hospital were improved by the acquisition of the new College at Charterhouse Square. We are now able to announce that these facilities are about to be increased, owing to a new athletic ground having been obtained at Chislehurst, indirectly the result of Mr. G. A. Richards's untiring efforts on behalf of the Union. The ground is 17 acres, and is being prepared to accommodate 1 cricket, 1 hockey, 1 association and 3 rugby pitches, together with 6 lawn and 3 hard tennis courts. A modern pavilion is being built at a cost of £6000, which will have changing accommodation for 150 people. The facilities at Charterhouse Square are being improved by the erection of two new squash rackets courts, the money for which is being raised by voluntary contribution. £400 is being lent by the Students' Union, and amongst other generous donations we have received £100 from the Women's Guild, and £100 from Mr. A. E. Slazenger, a Governor of the Hospital. Although the courts will be for the use of the students, the latter, with a few outstanding exceptions, have not responded as well as was expected. In spite of this we hope to collect the extra £300 now needed by the time the courts are completed, which will be in about 2½ months.

We are sorry to have to announce the retirement of Dr. Wilfred Shaw as Joint Treasurer of the Students' Union. When he took on the post some nine years ago the finances of the Union were in a poor state, and it is thanks to him that we have had enough money lately to meet the ever-increasing liabilities. Although we are unable to persuade him to stay on, we hope that he will still champion the causes of the students as he has so often done in the past.

A change which has been a great advantage is the formation of a permanent sub-committee of the Council to deal with all entertainments which are under the supervision of students. Mr. C. N. Burnham Slipper, in whose care the committee was placed, deserves our thanks for the hard work which he and his colleagues have done arranging various entertainments, the profits of which have gone to the Squash Court Fund. As usual considerable success has attended the activities of the clubs of the Union.

### RUGBY FOOTBALL CLUB

This season has, on the whole, been a very successful one. The 1st XV, out of 24 matches played, have won 10, drawn 1, and lost 13. Notable games have been a victory over Devonport Services and a drawn game with the Harlequins.

In the 1st XV Cup-tie we reached the semi-final when we were defeated by a strong Mary's side. In the earlier rounds we disposed of London and University College Hospital after good games.

It is gratifying to note that eight members of the 1st XV have at one time or another during the season represented the United Hospitals.

All the junior teams have had a successful season and on most Saturdays the club has fielded seven sides.

It is hoped that next season when we move to Chislehurst it will be possible to strengthen the fixtures of the junior sides and augment our takings at the gate.

In conclusion it is fitting to congratulate P. L. Candler on having represented England both against Wales and Ireland.

### CRICKET CLUB

Last season we were fortunate in having a splendid President in Mr. Boyle, and his stimulating interest played no small part in bringing the Cricket Cup back to Bart.'s for the third time in the last seven years.

In spite of a bad summer, 22 1st XI games were completed, of which 8 were won, 8 lost and 6 drawn.

In the Inter-Hospitals Cup Middlesex Hospital were beaten by 181 runs; St. Mary's were beaten by 109 runs; and in the final St. Thomas's were beaten by 151 runs.

A very successful cricket tour in Somerset, Dorset and Devon took place in the early part of August, and of the 4 matches played, 3 were won and 1 lost.

The 2nd XI played 12 matches, won 3, lost 5, drew 4.

The 2nd XI reached the semi-final, where they were beaten by Mary's.

### ASSOCIATION FOOTBALL CLUB

The 1st XI has been a team of great promise throughout the season, but has never quite lived up to that promise. In the early part of the season goals were scored from sudden attacks by a strong forward line, and the team was successful. Later there were a few setbacks when the defence was weak and was unable to subdue strong opposition. In spite of this the Hospital was able to consolidate its position at the head of the League. So far only one match has been lost and two drawn, leaving a lead of 3 clear points over the next club. The Hospital Cup Competition is nearly finished and Bart.'s are in the final for the third time in four years. In the 1st round Guy's were beaten 4—3 at Honor Oak Park, and in the semi-final St. George's were beaten 3—1.

The Junior team seems to be very promising. In the 2nd round St. George's 2nd XI were beaten 13—0, and this was followed by a win in the semi-final by 10—1 against Charing Cross 1st XI. Once again both elevens are in their respective finals.

### HOCKEY CLUB

This season has been characterized by a reinforced fixture list, with many new good fixtures, and a very large percentage of away matches. We have been able to run two regular teams and frequently a third eleven. With the German trip of last Easter behind us, our prospects for this season were bright.

In the second round of the Cup matches the 1st XI were beaten by Mary's 5—nil. This coming Easter a representative side is going to take part in a hockey tournament at Cologne, and the trip will be preceded by a dinner.

In the second round of the Junior Cup they swamped Westminster Hospital by 15 goals to nil.

A walk-over in the semi-final places them in the final, on which there is every likelihood of a win.

1st XI played 17, won 8, lost 7, drawn 2; 2nd XI played 11, won 4, lost 5, drawn 2.

### ATHLETIC CLUB

The season was on the whole disappointing. Out of five fixtures the club won only one, that against Reading University. Success was lacking very largely on account of the more pressing call of examinations and disease. D. B. Fraser, the captain, was unluckily crocked throughout the season.

Sports Day, which was held early in May, was cold, and the meeting was not as well supported as we should like to see it, either by audience or competitors. The standard of performance, however, was well maintained.

In the Inter-Hospitals Sports we drew with St. Thomas's for third place, only one point behind St. Mary's. A. R. P. Ellis set up a record for the javelin and won the Princess Marie-Louise Cup for the best individual performance of the day.

It is with deep regret that at the beginning of the new season we learn of the death of Mr. T. H. Just, our President. We extend our sympathy to his wife.

### BOXING CLUB

The club was in a better position this year than it had been for three years. As well as having every weight represented, there were several reserves almost as good as those who secured places in the team. This proved useful, for at one time during the season there were no fewer than four of the team with injured hands. The club was unfortunate with fixtures; both the London Hospital and University College Hospital had to scratch their matches with us, and we were unable to meet a Cambridge University side.

The Orange Boxing Contest again proved to be a popular attraction and the Squash Courts Appeal Fund benefited by over £4. The result was, as usual, the pre-clinical winning by a wide margin. On January 15th the club fought against Belsize, being represented by eight pre-clinicals and one clinical. Although Belsize won at every weight, many of the fights were extremely close and Bart.'s was by no means disgraced.

During the season J. W. G. Evans, R. C. Bell and T. P. Storey were called upon to represent the United Hospitals, Evans winning all his fights. Although Bart.'s was represented in only six of the

eight weights in the Inter-Hospitals Boxing Contest, the Hospital was runner-up for the championship, being second to St. Mary's.

*Result.*—1st, St. Mary's, 24 points; 2nd, St. Bart's, 19 points; 3rd, St. Thomas's, 16 points.

Matt Wells again trained the team and is to be congratulated on the performance of the Bart's side.

### TENNIS CLUB

On the whole the season was quite successful and many enjoyable matches were played.

*Results.*—1st VI, won 8, lost 8, scratched 3, unfinished 1. 2nd VI, won 12, lost 2, scratched 4.

In the Hospitals Cup the 1st VI defeated University College Hospital 9—0, but once again fell to a powerful side from Guy's, 3—0. A notable feature of this match was E. Corsi's plucky resistance to H. S. W. Cooper of Wimbledon fame, the latter only winning after a 16-game second set, which fully extended the skill of both contestants. The 2nd VI retained the Junior Cup for the third year in succession. They beat Guy's 8—7 after a thrilling encounter and St. Thomas's in the final, thus rounding up a most successful season for them. The Tennis Club, like all other clubs, is very satisfied with the prospect of moving to Chislehurst next year. Besides having better courts than at Winchmore we shall have twice the number, *i. e.* six, and thus be able, if necessary, to play both a 1st and 2nd VI fixture at once on our own ground.

### SWIMMING CLUB

#### INTER-HOSPITALS WATER-POLO LEAGUE.

<i>Results.</i> —v. St. Thomas's Hospital . . .	Won 11—3.
v. St. Mary's Hospital . . .	Won 8—3.
v. Dental and Charing Cross Hospital . . .	Won 7—0.
v. University College Hospital . . .	W.O.
v. Guy's Hospital . . .	Lost 3—5.
v. London Hospital . . .	Won 13—0.

The Water-Polo League produced very satisfactory results, except against Guy's, when we had a weak team and put up a poor show. Sutton, Newbold, Vartan and McKane scored most of our goals, and formed the backbone of the side. The league ended as a draw between Bart's, Guy's and Mary's, owing to difficulty in arranging the necessary replays, but Bart's undoubtedly had a good prospect of winning again.

Results of other fixtures: Water polo, won 3, lost 2; swimming, won 2, lost 3.

The water-polo was good throughout the year, but the swimming was only fair; more training for the specific match distances should improve the standard. The swimming against the Tadpoles showed promise of better things: Newbold and Pratt being first and second in the 100 yards, Singer second in the 50 yards, and Evans winning the diving. The new bath arrangements at St. Mary's Hospital have proved very satisfactory, and it is hoped more people will avail themselves of the opportunity.

#### THE UNITED HOSPITALS SWIMMING GALA.

The Gala was held in the Marshall Street Baths on July 4th. Bart's won the swimming, both in the individual events, in which Sutton and Newbold represented the Hospital, and in the relays, in which McKane, Singer, Vartan and Dransfield swam. We had a most successful evening. Evans came second in the diving in a close finish. Bart's have supplied several members of the United Hospitals swimming team throughout the season, including the tour to Dublin.

Finally R. J. C. Sutton is to be congratulated on his captaincy of the English Water-Polo team at the Olympic Games in Berlin.

### SQUASH CLUB

Now that the squash season is reaching its close and the cup matches are completed, it seems an opportune moment to relate a brief account of the activities of the club in its first year of competitive squash.

Of paramount importance is the news that Bart's for the first time in history are not "wooden spoonists" in the Inter-Hospital Competition. Of the 4 cup matches, 2 were won and 2 lost, and of the two defeats it might be said that we were not at full strength on either occasion. Such a record is greatly stimulating when it is remembered that the team had almost no practice, due to the regrettable and somewhat annoying delay in the building of the new courts.

The "find" of the season has undoubtedly been H. R. Marrett. At the beginning of the year there was no outstanding player, as the result of the departure from the Hospital of J. S. Johnstone. Marrett has developed so rapidly, however, that he was winning at first string with the utmost regularity.

B. Thorne-Thorne, R. T. Gabb, W. M. Maidlow, C. T. A. James and W. A. Oliver have all given useful support, and it is they, together with a long list of rapidly improving players in the Hospital, who give such a bright outlook for the Club in the future.

A last word concerning the new courts. It is hoped that when they are completed it will be possible to arrange a "seeded" knock-out competition every term, and at the same time to run a "ladder" for the first twenty or thirty players.

### FIVES CLUB

There has been plenty of enthusiasm in the club this season, and the courts at Charterhouse have been well patronized.

More matches have been played than in recent seasons, and the results have, with few exceptions, been satisfactory. Our biggest defeats were against Westminster Bank early in the season, and against Alleyn Old Boys and the Old Alleynians in their courts. However, we scored a big victory over the Old Blues and beat Westminster Bank in the return match; also Guy's and King's were beaten after we had lost the first matches by narrow margins.

To date 13 matches have been played, of which 6 have been won and 7 lost; points for, 1129; points against, 1237. Two matches against Oxford University and the Old Merchant Taylors remain to be played.

The tournament is going ahead well and it is hoped will be completed for a change. Murley, Little, Bull and Elder have played fairly regularly in the team; while Anthony, Picton and Perkins all show signs of promise.

### RIFLE CLUB

Our activities in Division 7 of the City of London League did not meet with overwhelming success. Out of 22 matches, only 4 were won and 1 was drawn.

In the Engineers' League 14 matches were shot, out of which 8 were won. Finally we were placed fourth with 16 points, and an average score of 387.7. The Cup was won by Imperial College with 22 points, and an average score of 392.7. Eight teams competed in this league.

Four hospitals competed in the Inter-Hospital League for the Lloyd Cup. Of the 6 matches shot, 4 were won and 2 lost. St. Mary's Hospital took the Cup from us and left us with second place.

The Sir Holburt Waring Handicap Cup was won by E. E. R. Dillon with a total score of 98.5; and the Lady Ludlow Cup was won by G. H. Pickering with a score of 99.

The Bell Medal was awarded to B. P. Armstrong with an average of 98.8, and the City of London Medal to J. E. Underwood with an average of 98.1.

During the season two spoon shoots were held, and won by N. H. Halper and G. H. Pickering.

The custom of sharing targets with St. Thomas's Hospital on the open range at Bisley was discontinued, it being considered that it would be more economical to make full use of the spoon competitions organized by the London and Middlesex Rifle Club.

There was a distinct lack of new talent during the season, which has been attributed to the awkwardness of effecting the necessary co-operation between clinical and pre-clinical students.

Both the Armitage and the United Hospitals Cups were won by St. Thomas's Hospital.

Mr. J. Dalziel represented the United Hospitals in the Astor Cup team, and Mr. Owen achieved some successes in the King's Cup and newspaper competitions.

### AMATEUR DRAMATIC SOCIETY

At its annual performance in January the Society presented *Bees on the Boat Deck* by J. B. Priestley. The play was produced by Eric Jewesbury, and was given on four evenings before crowded and appreciative audiences.

### GOLF CLUB

During the season six matches were played, of which one was won. This is by no means indicative of the play of the team, since most of the matches were very close. Four matches were cancelled due to weather conditions or inability to raise a suitable team.

In the Inter-Hospital match v. St. Mary's Hospital we turned out a very weak side, in which five members of the regular team of eight were unavailable. The match was lost 8-4, but three of the matches were lost on the last green, which gives an indication of the possible strength of the side.

On May 20th at Denham the Annual Staff v. Students' match was held in which the students gave the Staff two bisques, and after a very enjoyable day it was found that the students had won by 13-11. More than fifteen matches have been arranged for the coming season, including Royal Wimbledon, Sundridge Park and Royal St. George's. At the present moment we have only a dozen or so somewhat enthusiastic players, and in view of the fact that we have a very ambitious schedule, and we hope to run several additional

tournaments during the year, all students are asked to give their official and unofficial handicaps to the secretary.

The winners of the tournament were as follows:

Girling Ball Cup	H. J. Robbins.
Graham Cup for Medal	H. J. Robbins.
Hospital Cup	M. H. Harmer.

Finally we wish the Students' Union every success in the coming year, and beg to remain,

Your obedient servants,

R. HANBURY-WEBBER.  
T. M. C. ROBERTS.

## SPORTS NEWS

**RUGBY** The semi-final of the Hospitals' Cup was played at Richmond on March 4th, on a dull but dry day, the pitch being in remarkably good condition. Our opponents were **St. Mary's**, who are favourites for the Cup, and possess a very strong and experienced side. On the whole St. Mary's were larger and faster than we were, and proved themselves better than we were in most departments, so they definitely deserved to win; however, the margin of victory may be considered slightly flattering to our opponents, who, except for a period in the second half, spent rather more time defending than attacking.

The first quarter of an hour was all in favour of Bart's, who attacked continuously; one brilliant cut-through and run by Candler all but led to a score. But at the end of this period Squire, Mary's left wing, came into the centre—a movement which should have been foreseen—from a scrum just outside their twenty-five, and ran right through our defence, no apparent attempt being made to tackle him. Five men were up in support of Squire, so Marshall was faced with an impossible situation. The try was converted by Henley.

This was Marshall's first game as a full-back, and he acquitted himself very well, only his sense of position being occasionally at fault.

Very shortly after their first try one of our passes went astray, and their forwards burst through in large numbers to score a try, which was also converted by Henley. The Bart's side never gave up trying, and really it was only in this matter of "numbers-at-a-time" that they were badly outplayed. Individually each did fairly well, Newbold particularly playing one of his best games this season, being full of dash, but usually ill-supported. All the other forwards did good things at different times, but seldom, if ever, at the same time; Mundy was as magnificent as ever in the line-outs.

Our half-backs were definitely superior to theirs, but both Hearn and Candler have played better. Our three-quarters tried hard throughout, but found the hard tackling of their opponents a little too much for them, although Evans and Laybourne were not far behind in this respect. Hayes played instead of the injured Pleydell.

Towards the end of the game, when St. Mary's were already leading by 18 points, good running and passing by Candler and Laybourne led to a try by Hayes in the corner, which was not converted. This followed a period of intense pressure by Bart's, which, however, never looked like leading to a score, so that the try came as something of a surprise. There was too much footling about with the ball and not enough purpose behind their play for a score to look probable. Before the end St. Mary's scored another goal, so they ended with a victory by 23 points to 3.

**Team.**—G. K. Marshall; S. T. Hayes, M. Laybourne, J. W. G. Evans, E. Griffiths; P. L. Candler, R. D. Hearn; A. R. P. Ellis, K. D. Moynagh, G. D. Graham, P. D. Swinstead, K. G. Irving, J. C. Newbold (capt.), R. Mundy, K. C. Burrow.

\* \* \*

A very tired and dispirited XV went to Richmond two days later to play **Rosslyn Park**. The regular members of the team, with the exception of Marshall in the centre, seemed not to be trying, and the many substitutes, with the possible exception of Macpherson in the pack, did not appear to be very clever.

Rosslyn Park scored at regular intervals throughout the game, and with better use of their wings would have scored many more.

They achieved a runaway victory by 30 points to 8—two tries scored by Marshall more or less on his own, one of which was converted by Macpherson.

\* \* \*

A charity match against **Smithfield Market** in aid of the Hospital Funds was played on Tuesday, March 16th. The weather was abominable, and the pitch Herne Hill, kindly lent by the London Welsh—largely under water. However an interesting game between two evenly matched sides was watched by a fair number of spectators. Bart's kept the game open in spite of the conditions, and in spite of numerous fumbblings and wild passes, attacked most of the first half and scored a try after a good run by Hayes. Irving converted with a good kick considering the state of the ball.

Right at the beginning of the second half Bart's scored another try in a forward rush, which was also converted by Irving. Then our side rather sat down in the mud on their laurels, which became even more bedraggled later, since, in the last twenty minutes, Smithfield proceeded to win the match by scoring a goal, a penalty goal and two tries.

The Smithfield full-back played very well, his kicking and fielding being admirable; at three-quarter and half-back we held the advantage, but their forwards played with considerably more dash and enthusiasm than ours, and their hooker was superior.

**Team.**—J. G. Berry; E. R. Holtby, J. W. G. Evans, M. Laybourne, S. T. Hayes; G. K. Marshall, R. D. Hearn; A. R. P. Ellis, K. D. Moynagh, P. D. Swinstead, G. Gray, K. G. Irving, J. C. Ryle, K. Pallot, R. Mundy.

**Referee:** C. H. Gadney.

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A **Junior Cup-tie** between Bart's "A" and Guy's "A" was played at Winchmore Hill in dismal weather conditions, which seemed to please none but the Bart's forwards, who began well by hooking the ball from the first six scrums; but Little at once proved that he suffered from a common failing, that of holding on to the ball too long, and being tackled in possession. Neither side seemed likely to score until just before half-time, when Coupland and Armstrong joined in a promising movement, the former just being beaten for the touch down. In the second half Bart's pressed almost continuously, and keen following up and tackling by Armstrong deserved a score. The forwards were ably led by a somewhat breathless Grant, and in the tight were excellent; otherwise they were too prone to aimless mauling, and were rather sluggish in the loose. Collinson, Macpherson and Hall worked hard, and Macpherson came near to scoring with two penalty kicks from far out.

The result was a draw with no score.

\* \* \*

The **Junior Cup-tie** between Guy's "A" XV and Bart's "A" XV was replayed on March 18th at Honor Oak Park; the conditions under which the game was played were terrible—pools of water lay on the ground, and thick mud took the place of grass over most of the pitch. As a result of this the game tended, for most of the time, to be rather uneventful, though the players, one and all, fought hard throughout an evenly contested game.

Bart's began well, a high kick ahead almost letting Armstrong score in the corner. Guy's forwards then began to assert their superiority, adapting themselves better to the obvious tactics of

the day, "kick and rush", and succeeded in keeping play in the Bart.'s half for some time; the Bart.'s forwards at this stage were not packing at all well, and consequently their backs, who looked as if they could handle the wet ball, did not have many opportunities. Half-time arrived with no score on the board, and little to choose between the sides.

The second half had not been going for long before Guy's were penalized in their own half; Macpherson took a kick at goal—an excellent shot which cleared one upright—there being some dispute among the touch judges as to whether it had gone over; the referee, however, decided that it had not. Bart.'s forwards now began to pack much lower, and the backs saw much more of the ball, several promising movements just being held up. In the last quarter of an hour, however, Guy's backs exerted considerable pressure, and only a very fine tackle by Boyle saved a certain score on one occasion. In the last minute of the game, when it looked as if extra time must be played, a scrum was formed on the Bart.'s line; a good wheel by the Guy's forwards resulted in several of their forwards touching the ball down, and a try was awarded. The kick failed, and Guy's had won by 3 points to nil.

Among the Bart.'s forwards, Sandiford, Collinson, Grant and Macpherson worked hard throughout the game, while Armstrong and Mackay played good defensive games among the backs.

**BOXING** The Inter-Hospital Boxing Competition was held at the Stadium Club, Holborn on Friday, February 26th, when some very interesting boxing was seen. St. Bart.'s Hospital were well represented, having an entry in each weight with the exception of the Bantam and Lightweights, and the results clearly showed that we have any amount of talent. We finished with 19 points, second only to St. Mary's, who totalled 24 points.

In the Flyweight, R. T. Routledge (St. Bart.'s) boxed very well indeed. He came out an easy winner against A. Maconochie (St. Thomas's) in his first fight, although Maconochie put up a plucky fight against an obviously better man. In the final of this weight Routledge was beaten by R. N. Lewis (Guy's), who had not fought previously; Routledge attacked strongly at the start, but left himself open to a series of powerful straight lefts, which caused the referee to intervene near the end of the first round.

In the Feather-weight, T. Brady (St. Bart.'s) won the weight, beating D. B. R. Wilson (St. Thomas's), and, in the final, N. Wilkinson (St. Mary's). Against Wilson, Brady was up against a man with a longer reach, but this disadvantage he managed to overcome, knocking his opponent out in the second round. In his second fight Brady again won by a k.o., this time in the first round, when he was clearly the harder hitter for the start.

J. G. W. Evans (St. Bart.'s) won the Welter-weight after some very hard fighting. His first tie against L. Cohen (St. Mary's) he won on a casting vote; both men took heavy punishment in all three rounds, and Evans probably gained the verdict owing to his more continued attack. In the final Evans knocked out C. E. J. Glaisher (St. Thomas's) in the first round; Glaisher attacked vigorously at the beginning, but a beautifully timed right to the jaw terminated the fight prematurely.

The best fight of the evening proved to be the final of the Middle-weight, fought between H. G. Owen-Smith (St. Mary's) and J. J. Slowe (St. Bart.'s), Owen-Smith winning in the last round. Slowe had previously beaten D. W. Mahton (London) with some ease, while Owen-Smith had had two fights—one a hard one against S. A. Macdonald (St. Thomas's), which went the full distance. In the first round Slowe attacked strongly, making Owen-Smith, who seemed tired, cover up a lot; the second round was a very even one, both attacking hard, but, near its close, Owen-Smith landed a damaging right which probably turned the scale in his favour, for, in the last round, Owen-Smith gradually reduced his man with many hard rights, the referee stopping the fight in the middle of the round.

In the Light-heavy-weight, C. G. Nicholson (St. Bart.'s) just lost to W. B. Waterfall (London). Both fought to a standstill, and Waterfall won owing to his more persistent attack, Nicholson tending to miss a lot with his right. Waterfall deserves to be congratulated on a very plucky evening's boxing, fighting three times, two fights going the full distance.

A. Sandiford (St. Bart.'s) boxed well in the Heavy-weight. He beat L. S. Page (London) on points, Page having a longer reach, but not the same power in his punches. Both scored knock-downs in the first round, fought an even second round, and then Sandiford,

scoring freely with both hands in the last round, secured a decisive victory. Sandiford then met H. Muller (St. Mary's), who eventually won the weight, and did well to last out for the full three rounds. Muller won the fight on his superior left-hand punching, which proved to be the critical factor in the last round.

**SWIMMING** The Swimming Club has now started its activities in earnest, and it is hoped that the next three months will bring a few more supporters to swell its ranks. At present the honour of the Hospital in swimming and water-polo is upheld by a handful of students, and when these few pass on, as some day they must, the Swimming Club will have very little to fall back on to remould the team. We hope that this will come to the notice of our lukewarm supporters and to others, especially those over at Charterhouse Square, who contemplate taking up swimming and water-polo during the season. The Swimming Club meet every Friday at St. Mary's Hospital Swimming Baths, Paddington, from 5.30 p.m. to 7 p.m.

**ASSOCIATION FOOTBALL** The final of the Inter-Hospital Cup was played at Kingston against St. Mary's, and ended in a defeat to the tune of 0-6. It was a perfect day for football, and the ground was in magnificent condition; alas and alack that the same cannot be said about the Bart.'s XI. The goal-keeper, Mail, played a courageous game, and had no chance with the six goals which were scored against him. Harold and Knowles, the full backs, defended stoutly, their kicking and tackling being of a high standard except for a few lapses, one of which presented our opponents with a goal; their positioning, however, left something to be desired. Howell's task at centre-half was made considerably easier by Squire's obvious lack of knowledge of the game, but none the less, Howell played an extremely good game; his passes were well distributed, and it says much for his defence that such a dashing centre-forward, of a side which was constantly attacking, scored only one goal. It is a great pity that his advice on the field, which was sound and well timed, was seldom if ever taken. Our other half-backs had rather more than they could manage to hold the opposing wing men, but they tried hard throughout, especially Gallimore.

Of the forwards it can only be said that they can play better. On the day's performance it is difficult to understand how they ever manage to score any goals at all; Owen-Smith in St. Mary's goal, was never tested.

The start of the match saw the ball travel from end to end of the field at a tremendous speed, but in a rather aimless manner; after about a quarter of an hour St. Mary's settled down to attack and scored at regular intervals. Our infrequent raids were quickly and easily repulsed, and in the last few minutes St. Mary's demonstrated their superiority over a somewhat disheartened defence by an individual and spectacular goal scored by their left wing forward, who danced small rings round at least six of our players before pushing the ball into the net.

**Team.**—W. D. Mail; H. Knowles, J. V. T. Harold; J. L. Cardwell, D. R. S. Howell, J. O. Gallimore; J. W. B. Waring, P. A. K. Brownlee, A. R. James, C. S. Grossmark, W. J. Atkinson.

**O.T.C. No. 1 COY.** Col. H. T. Jessop and a large company of over four hundred, including many distinguished members of the University, were present at the Contingent Ball on February 26th. This was the first occasion on which a social function had been held at the New University Buildings. As befitted an occasion of this kind music was provided by a military band, in addition to an excellent professional dance band. Unfortunately the floor was not as smooth as might have been desired, but this was probably due to its newness. The buffet and bar on the third floor were admirably run and well patronized. Altogether the function was a great success and it is proposed to make it an annual affair.

The Annual Dinner of the Sergeants' Mess was held at The Old Bell on March 11th. Unfortunately "B" Coy., Infantry Unit, had arranged a private dinner for the same date, and consequently the attendance of infantrymen was poor. Of the 23 past and present members at the dinner 15 were medicals. After an excellent meal a pleasant evening was spent around the piano.

## CORRESPONDENCE

## THE LATE T. H. JUST

*To the Editor, 'St. Bartholomew's Hospital Journal'.*

DEAR SIR,—In their sympathetic tribute to "Father" Just in the last number of the JOURNAL, Mr. Sydney Scott and Mr. H. B. Stallard naturally refer to his athletic distinction—an activity which at one time loomed most prominently in his life. Just endeared himself to subsequent generations by his charm and geniality, and earned no little reputation for his achievements in the branch of surgery which he adopted and adorned. But since his earlier fame is to the present generation mainly traditional, I am emboldened to think you may be willing to publish a few reminiscences from a contemporary who was in that respect most closely associated with him over a quarter of a century ago.

Just came to Bart.'s early in the summer of 1908, in time to help us to win the Inter-Hospital Athletic Shield. His appearance in the team meant a great deal more than his own individual success, for he brought a distinction and dignity the force of which it is difficult to convey at the present time.

In those days the running track had little charm for young men of the educated classes, who generally abandoned all interest after their comparatively brief participation in Inter-Varsity contests, and very few entered the hurly-burly of wider competition and displayed serious ambition for the highest titles. Just's brilliant performance at the Oxford and Cambridge Sports of that year had marked him out as the potential A.A.A. half-mile champion, and his expected success at the White City in July distinguished him—I think I am correct in this—as the first medical student to win an amateur championship on the track.

In reminding us that Just won the United Hospitals' half-mile on three subsequent occasions, Mr. Scott observes that he kept himself in training during the rigours and difficulties of a Resident's life. This is quite incorrect. Active athletics never interested Just; he had no stomach for the boredom of routine training. He kept the Lent Term of 1909 in order to make an appearance in the half-mile against Oxford and ran a desperate race in which he lost by 6 in., when he was, as he expressed it to me, in language more descriptive than scientific, a mixture of staleness and unfitness! This and all his subsequent athletic efforts were all the outcome of his inexhaustible good nature in acquiescing to the wishes of others, but training of any kind he completely neglected. And to me, a worshipper of athletic prowess, this was a tragedy! His great natural capacity, his exceptional physique and his anatomical proportions, which permitted a colossal stride, would, under intensive and protracted training, have ensured almost fabulous possibilities. Bitterly I reflected that if he had had my enthusiasm, or I half his capability, nothing in the world on two legs could have surpassed the production.

I cannot refrain from pointing out that St. Bartholomew's has the proud distinction of claiming among her sons two who graduated with the highest honours in the athletic world whilst still in their student days: Just, who could have been developed into the greatest half-miler of all time; and Henry Stallard, whom I unhesitatingly acclaim the finest amateur runner this country ever produced.

Yours obediently,

86, Brook Street,  
Grosvenor Square, W. 1;  
March 6th, 1937.

ADOLPHE ABRAHAMS.

## THE USE OF PRONTOSIL

*To the Editor, 'St. Bartholomew's Hospital Journal'.*

SIR,—The cause of sulphæmoglobinæmia is still uncertain. It occurs rarely in anaerobic sepsis, more frequently after long-continued administration of drugs, such as sulphonol, phenacetin, acetanilide, and, as has been shown more recently, sulphanilamide (prontosil album, streptocide, sulphonamide-p) and its derivatives. It usually develops in constipated patients who are receiving regular laxatives or purges, and both constipation and the use of magnesium sulphate have been incriminated as important factors in its production.

The condition is not of great importance, unless the active hæmoglobin falls below about 30% Haldane (oxygen combining power 5.6 c.c. %). When sulphæmoglobin is present this bears no relation to the total hæmoglobin as usually estimated, and can be determined only by a somewhat laborious process. Such determinations may, however, be necessary in some cases.

The following precautions are advised for all patients taking, or likely to take, any of the prontosil group of drugs:

(1) The analgesic and hypnotic drugs derived from aniline, phenylhydrazine or sulphonol should be strictly forbidden. They include phenacetin, acetanilide, methylacetanilide, amidopyrin, antipyrin, phenylsemicarbazide, sulphonol, trional and tetronal. Preparations containing these include veganin, veramon, cibalgin, novalgin, pyramidon, gardan, cryogenin, and the haustus phenacetini compositus of the Hospital Pharmacopœia.

(2) No laxatives or purges of any kind should be used, though liquid paraffin is permissible.

(3) The total hæmoglobin should be determined by Sahli's method at intervals not greater than two days.

(4) All patients with total hæmoglobin below 40% and any patients showing signs of cyanosis should have their blood examined so that impending anoxia may be detected.

H. E. ARCHER.  
G. DISCOMBE.

## SPORTS REPORTING

*To the Editor, 'St. Bartholomew's Hospital Journal'.*

DEAR SIR,—It seems to me a great pity that the names of the teams are not given in the descriptions of the matches, and I wonder why this old and excellent custom has been given up!

I should be grateful if you would publish this letter, as it may stimulate the expression of the views of others on the subject.

Yours faithfully,

1, Park Square West,  
Portland Place, N.W. 1;  
March 12th, 1937.

F. G. CHANDLER.

## REVIEWS

**Diseases of the Eye.** By EUGENE WOLFF, M.B., B.S., F.R.C.S. (Casell & Co., Ltd.) Price 15s.

This text-book has been written especially for the beginner in ophthalmology, so that automatically certain standards are set by which its success must be judged. The first is that the beginner should be shown the core of the apple without trimming. The second is that the book should co-ordinate and explain clinical observations rather than lead the innocent into the side-paths of speculative theory.

The book succeeds splendidly. The author takes each part of the eye separately and deals with its common diseases, their symptoms and treatment. This orderly classification is excellent, but if it went no further there would be danger that "book knowledge" would run a separate course from clinical experience. Happily the author thinks that to see is to understand, so that this gap is bridged by illustrations of the normal anatomy of the eye, both macroscopic and microscopic, drawings of pathological sections and, best of all, coloured pictures of how the outside parts of the eye and the fundus appear when diseased.

In addition to the chapters on diseases of the eye there are parts devoted to injuries, congenital anomalies and the manifestations due to malfunction of the nervous system. The orbit and the lachrymal apparatus each receive a chapter, and there is a final account of how the operations are performed.

This book is to be recommended highly to the student both as a guide to his clinical work and also for reference later on.

**A Manual of Radiological Diagnosis.** By IVAN C. TCHAPEROFF, M.A., M.D., D.M.R.E. (Cambridge: W. Heffer & Sons, Ltd.) Pp. 254. Price 21s.

Mr. Mitchiner, who contributes the foreword, and the author both lay stress on the point that X-rays should be used only as a confirmation of the clinical diagnosis. In our clinical course X-ray diagnosis must be taught rather spasmodically as cases appear in the wards or clinical lectures, so that the average student has gaps in his knowledge of X-ray appearances. This book fills the gaps.

There is first a short chapter on the physics and technicalities. This is followed by a section on the diseases of bones from the general point of view, followed by a regional survey. Finally chests, the alimentary canal, urinary tract, etc., are dealt with.

About half of each page is taken up with plates which are very well reproduced, and clarified with arrows to the points of interest. The text consists of description and brief pathology from the X-ray point of view, tabulated where possible.

The book is intended for students and general practitioners. To those with orthopaedic leanings especially it should prove of great value, while in the other sections is to be found material which could clear up many a worrying point.

**A Manual of Pharmacology.** By the late W. E. DIXON, M.D., F.R.S. Eighth edition. Revised by W. A. M. SMART, M.B., B.Sc. (Edward Arnold & Co.) Pp. 468. 79 figures in the text. Price 18s.

The object of the late W. E. Dixon, in his original book, was to emphasize the fact that drugs in common usage can be shown to have physiological actions and that, when possible, the results obtained in the laboratory should form the rational basis of therapeutic practice. His method was to take important representative drugs and illustrate their actions by physiological demonstration in animals.

Owing to the introduction of large numbers of synthetic substances during recent years this book differs from its predecessors in that much more space is devoted to purely chemical matters. Some may think that the chemical side of the subject has been over-stressed in this book, and that the student would do better to devote his time to the study of matters of more practical importance to the doctor. The clinical applications are not neglected, however, although some of the advice given may be open to criticism; for instance, on p. 282 we read, "The urethra requires vigorous treatment (with antiseptics) in the case of gonorrhoea. This is usually carried out by irrigation with permanganate (1/1000) . . ."; and again on the same page, "Instruments may be sterilized by a solution of 5% phenol or lysol . . .". Such pieces of advice, if put into practice, cannot fail to do more harm than good.

In places, too, the style is rather involved and lacking in clarity, particularly in the sections of the book dealing with the hormones and with the heavy metals. These sections and also the index might be better arranged.

The original editions of the book, which occupied a unique position as a scientific exposition of the subject, were somewhat remote from practical therapeutics, and this edition is more in touch with medical problems.

We welcome the re-appearance of this valuable standard text-book, which should continue to maintain its popularity with students of pharmacology.

**Weight Reduction, Diet and Dishes, with Recipes by Lucy Burdekin.** By E. E. CLAXTON. (Heinemann.) Price 8s. 6d.

Insurance companies have known for some time to what an extent obesity shortens life, but doctors still have difficulty in persuading stout patients to keep to the diet necessary to reduce their weight and improve their health. This book should considerably ease their task. They can give it to their patients, who will discover that they can enjoy a large variety of appetising dishes whilst securing a steady loss in weight. The patients' cooks will have no reason to grumble, as the recipes are clearly described and simple to carry out. With the help of the food-value tables based on the latest English analyses doctors will find it easy to prescribe diets of any calorie value required, giving details as to the quantities of various foods allowed. The calorie values for a number of well-known varieties of biscuits, ice-creams, etc., should prove most useful in deciding whether these can be included in the diet.

Mineral salts do not seem to be given sufficient emphasis in the chapter on food values, and it is misleading to say that milk contains negligible mineral matter, though of course the salts are not fattening. On the other hand, most of the recipes contain foods rich in mineral salts and other body-building and protective foods, so that patients choosing their menus from this book are in little danger of seriously reducing their usual intake of food essentials.

A distinguished nutritionist used to say that fat people often had fat heads. It is with a book such as Dr. Claxton's that this variety of disease may best be combated. The detail, the variety, and the assurance of successful slimming should help to remove the fat even from the head!

**Favourite Prescriptions.** Edited by Sir HUMPHRY ROLLESTON, Bart., G.C.V.O., K.C.B., M.D., and ALAN MONCRIEFF, M.D., F.R.C.P. (Eyre & Spottiswoode, 1936.) Price 10s. 6d.

Generations of young and newly qualified practitioners within these walls have learned to write *Hausus Gent. cum Rheo* and lived to extol its virtues far and wide; so, too, have they been trained to the excellent properties of time and tradition-honoured remedies such as *Gee's linctus*, *Adamson's ointment*, and many more. And now that the *Hospital Pharmacopoeia* has been revised it is pleasant to see these in more selected and exclusive company—adjusted to modern-day methods and therapeutic standards.

In this book, however, not only is there set out an account of the favourite prescriptions of one hospital, but of eighteen similar bodies in all. The result is a collection of recipes, popularized perhaps more by habit than anything else, but at least tested in great part by the passage of time. The epitome, indeed, does credit to the ability and industry of the editors, and in bringing forward the best from individual pharmacopoeias, they have not only presented an account to satisfy all requirements in general practice, but have made an attempt to break down the barriers for their readers between views that are insular and not necessarily incompatible.

The publishers, indeed, are to be congratulated on this as the first volume of their new series of "Practitioner" handbooks.

## RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

- ABRAHAM, ADOLPHE, O.B.E., M.D., F.R.C.P. "The Odour and Colour of Urine in Health and Disease." *Practitioner*, February, 1937.
- "The Knee-jerk in Health and Disease." *Practitioner*, March, 1937.
- BERTWISTLE, A. P., M.B., Ch.B., F.R.C.S. Edin. "Acromio-clavicular Dislocation and Sprain." *Clinical Journal*, February, 1937.
- BOYD, A. M., F.R.C.S. "Thrombosis of the Popliteal and Femoral Arteries." *Lancet*, February 13th, 1937.
- BURROWS, H. JACKSON, M.B., F.R.C.S. "Pathological Fracture of the Humerus Complicating Late Secondary Syphilis." *British Journal of Surgery*, January, 1937.
- COLT, G. H., M.B., B.Ch., F.R.C.S. (and CLARK, G. N., F.R.C.S.). "Tuberculous Disease of the Abdominal Lymphatic Glands." *Lancet*, January 16th, 1937.
- EDWARDS, J. T. RICE, F.R.C.S. Edin. "A New Instrument for Draining Quinsies." *Lancet*, January 30th, 1937.
- FEILING, ANTHONY, M.D., F.R.C.P. "Nervous and Mental Post-Operative Complications." *Practitioner*, March, 1937.
- HAMMOND, T. E., F.R.C.S. "The Bearing of the Constitution, Temperament, and Age in Tuberculosis." *Clinical Journal*, February, 1937.
- HARVEY, FRANK, F.R.C.S. Edin. "Genito-Urinary Tuberculosis: with a Review of 100 Cases." *Lancet*, February 6th, 1937.
- HINDS HOWELL, C. M., M.D., F.R.C.P. "Cerebral Vascular Accidents." *British Medical Journal*, February 6th, 1937.
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- LANGDON-BROWN, Sir WALTER, M.D., F.R.C.P. "The Present Position of Endocrinology." *Post-Graduate Medical Journal*, January, 1937.
- LEVINE, DAVID, M.R.C.S. (HARRY WATERS, M.B., D. L., and BERNARD MYERS, C.M.G., M.D.). "Retroperitoneal Sarcoma of Unusual Distribution." *Lancet*, January 23rd, 1937.
- MCCURRICH, H. J., M.S., F.R.C.S., M.C.O.G. "Prolapse of the Uterus." *Clinical Journal*, February, 1937.
- MCINDOE, A. H., M.S., F.R.C.S. "Operation for Cure of Adult Hypospadias." *British Medical Journal*, February 20th, 1937.
- MAGNUS, H. A., M.B., B.S. "Multiple Necrosis of the Spleen." *Journal of Pathology and Bacteriology*, vol. xlv, No. 1, 1937.
- MORLOCK, H. V., M.C., M.D., M.R.C.P. "A Case of Chronic Atrophy of the Liver." *Post-Graduate Medical Journal*, January, 1937.
- "Postural Drainage." *Lancet*, February 13th, 1937.
- MYERS, BERNARD, C.M.G., M.D., M.R.C.P. See Levine and Myers.

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## APPOINTMENT

HARRISON, J. O., F.R.C.S., appointed Honorary Assistant Surgeon and Urologist to the West Norfolk and King's Lynn Hospital.

## BIRTHS

HISCOCKS.—On March 17th, 1937, at "Newlyn", Westcliff-on-Sea, to Sybil (*née* Stallibrass), wife of Henry F. Hiscocks, M.B.—a daughter.

MACFARLANE.—On March 1st, 1937, at 20, Devonshire Place, W. 1, to Hilary (*née* Carson), wife of Dr. R. G. Macfarlane—a daughter.

MARSHALL.—On Feb. 21st, 1937, at 17, Winn Road, Southampton, to Betty, wife of Dr. R. M. Marshall—a son.

McNAIR.—On March 3rd, 1937, at 27, Welbeck Street, to Grace, wife of Arthur J. McNair—a daughter.

## MARRIAGES

BALL—PEARSON.—On March 9th, 1937, at St. Marylebone Parish Church, Peter H. Ball, R.A.M.C., care of Grindley's, Bombay, only son of Dr. and Mrs. C. Ball, of Hunstanton, Norfolk, to Mary le Geyt, younger daughter of J. R. Pearson, C.I.E., late I.C.S., and Mrs. Pearson, of Jersey, C.I.

LESSER—RANSOM.—On March 3rd, 1937, at the Liberal Jewish Synagogue, St. John's Wood, Samuel Alfred Hugh, only son of Mr. and Mrs. Albert Lesser, Avenue Close, N.W. 8, to Joan, daughter of Mr. and Mrs. A. J. Ransom, of Cambridge.

VERGETTE—HOSSELL.—On February 27th, 1937, at the Church of St. Philip and St. James, Clifton, York, Edward Seward Vergette to Margaret Hossell.

## DEATHS

ALEXANDER.—On March 14th, 1937, at his residence, Bankside, Teddington, Frederick William Alexander, O.B.E., L.R.C.P., M.R.C.S., D.P.H., L.M., aged 78.

ATTLEE.—On March 8th, 1937, at Wellingborough, John Attlee, M.D., late of 65, Grosvenor Street, W. 1, aged 67.

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